

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Vernon Womack dba  
North American Taxi

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2009-313-T

) If this is your first time filing an application with the PSC, you will  
) not have a Docket Number. The Commission will assign one to you. If )  
you have filed with the Commission before, a Docket Number was  
Assigned and should be entered above.

(Please type or print)

Submitted by:

Vernon Womack

Telephone:

843-847-1381

Address:

3761 Old Pine Cr Apt 241  
W Charleston, SC 29405

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input checked="" type="checkbox"/> Request Expedite.                  |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

RECEIVED

JUL 28 2009

PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

## FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803) 896-5199

CLASS C - TAXI

DATE 7/27, 2009

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

VERNON WOMACKdba North American Taxi

2. (a) Street Address of Applicant 3761 Old Pine Cr Apt 241  
N. CHAS, SC 29405

(b) Mailing address, if different from street address

SAME

(c) Telephone Number (843) 847-1381

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: July Year: 2009

<b>Assets:</b>	
Cash	500.00
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	6000.00
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepaids and Other Assets	
<b>Total Assets</b>	6500.00
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	0
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	6500.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-11 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF CharlestonI, Vernon Womack Owner

(Name of Applicant's Representative) (Title)  
 of North American Taxi, the Applicant for the Certificate of Public (Applicant)  
 Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 27 day of July 2009

[Signature]  
 (Notary Public)

Vernon Womack  
 (Signature of Applicant's Representative)

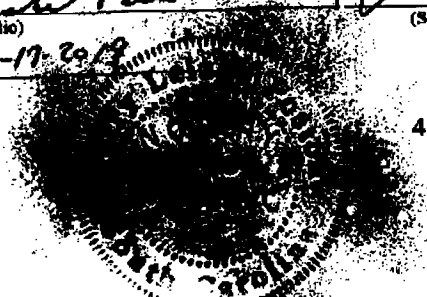
Commission Expires: 2-17-2013

EXHIBIT C

CLASS C -

TAXI ☒CHARTER ☐

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Vernon Womack dba North American Taxi

For the transportation of passengers as follows:

Area to be served: Dorchester Berkeley and  
Charleston CountyNumber of passengers: 7Fares: ~~1.50~~ 1.50 / mileDate 7/27/09Vernon Womack  
Applicantowner  
Title

Rev.10/03

**EXHIBIT D**

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

**DESCRIPTION OF EQUIPMENT**

[illegible]

\* Seats if passenger carrier.

Date: 7/27/09

✓ Vernon Womack  
(Applicant)

(Applicant's Representative)

owner  
(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Vernon Womack 16A North American Taxi

(Name of Motor Carrier)

3761 Old Pine Cr Apt 241 N. Charleston, SC 29405

(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance

2800

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Southern United Ins Co.

(Insurance Company Name)

1245 Celebration Blvd Florence, SC 29501

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

727 2009

Date

Jerry L Poston

(Authorized Insurance Company Representative)

843-407-4090

FORM C-AC

Personal Identification Information

Name of Applicant: VERNEA MCNICK

Address: 37761 Old Pine Cr. Apt 271  
N. Chas, SC 29105

Federal Employer Identification Number: \_\_\_\_\_

\*\*\*\*\* Confidential \*\*\*\*\*

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